

Depression – a social pathology of action

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Abstract

This article argues that the epidemic of depression is to be understood alongside the normative conditions of self-realisation associated with the emergence of the new spirit of capitalism. In the new spirit of capitalism, active realisation of the authentic self is an institutionalised demand, which is expected to be converted into praxis. This is interesting in relation to the phenomenon of depression, as it means that contemporary depression may be understood, not as a clinical and subjective condition, but as a mode of action. What is applauded in today's society is precisely what depressive individuals lack – namely the ability to realise themselves in accordance with contemporary normative values. Thus, within present-day society, depression and the institutionalised/capitalist demands for self-realisation have become each other's antitheses.

Key words: depression, new spirit of capitalism, authentic self-realisation, Sigmund Freud and Pierre Janet, Alain Ehrenberg

Our historical epoch has been labelled 'the age of depression' (Horwitz and Wakefield 2005), and depression is commonly thought of as spreading in our times like an epidemic (Seligman 1990).¹ What can be the explanation for this phenomenon? Horwitz and Wakefield claim that the emotional reaction to life's challenges that we call depression is more than just a change in colloquial expression, but rather 'represents a transformation in psychiatric thinking' (Horwitz and Wakefield 2005: 40). Critically, they state that psychiatry has transformed 'normal' sadness into a diagnostic category called depression. This diagnosis – as defined by the modern arbiters of mental disorder, DSM-IV and ICD-10 – has been shown to be very malleable. More and more people are simply having their 'ordinary' life problems diagnosed as depression, thus paving the way for its epidemic spread (Horwitz and Wakefield 2005). Another possible answer to the question is provided by Philippe Pignarre, who claims that the invention of antidepressants, particularly SSRIs (selective serotonin reuptake inhibitors), has constructed the current understanding of depression. His main point is that

depression is currently understood as that upon which antidepressants have an effect (Pignarre 2001: 71). Hence, the rise of antidepressant consumption 'recruits' more people as depressives.

The aim of this article is to analyse the epidemic of depression from a different angle to those of Horwitz and Wakefield and Pignarre. This does not mean I am oblivious to the fact that the increase in antidepressant consumption² has had a tremendous effect upon the social 'success' of depression; neither do I disregard the huge impact that psychiatry has had on the integration of 'normal' sadness into the diagnosis of depression, thereby establishing the grounds to diagnose large numbers of people with depression. However, it does mean that I am critical of the kind of analysis that tends to place too much weight on technological developments, and too little on social transformations, when confronting the phenomenon in question. Without claiming to be exhaustive, I wish to focus on sociological factors in my attempts to provide an answer to this question. The position I aim to defend is that it is possible to explain the epidemic of depression by analysing the social transformations which have made this epidemic possible. What, in other words, are the social preconditions for an epidemic of depression? Here I will limit my focus to one particular social transformation, namely the development of the contemporary demand for authentic self-realisation. More specifically, I will focus on how the societal and institutionalised demand for authentic self-realisation interrelates with the view of activity upon which the new spirit of capitalism is functionally and normatively dependent.³ This is interesting in relation to the phenomenon of depression, as it means that contemporary depression can be understood, not merely as a clinical and subjective condition, but as a mode of action. What is applauded in today's society is precisely what depressive individuals lack, namely the ability to be active. Consequently, within present-day society, depression and the demand for self-realisation have become each other's antitheses. In my argument for this perspective, I would like to proceed in four steps. In section 1 I will attempt to illustrate the meaning of authentic self-realisation in the new spirit of capitalism, with reference to the work of Luc Boltanski and Eve Chiapello (2005). Section 2 will provide a description of the way in which contemporary depression can be understood. In section 3 I will specify how this understanding interrelates with the current understanding of self-realisation. Then, in section 4, I will explain why depression can become of epidemic proportions under the new spirit of capitalism. Finally, in section 5 I will conclude by outlining the possible sociological implications of this analysis.

1 Self-realisation in the new spirit of capitalism

Numerous authors, including Eva Illouz (2007) and Richard Sennett (1998), have tackled the issue of how the development of capitalism has affected the concept of self-realisation. Their respective theories have undoubtedly enlightened

us regarding the ways in which the social, cultural and structural conditions of self-realisation have been altered dramatically with the emergence of what they call emotional (Illouz) or flexible (Sennett) capitalism. For the purposes of this article, however, the theory in Luc Boltanski and Eve Chiapello's *The New Spirit of Capitalism* (2005) provides a better analytical foundation, and in what follows, I will therefore use their analysis as a stepping stone for my own.

Ideology and capitalism

According to Boltanski and Chiapello, capitalism is an absurd system which, generally speaking, lacks any kind of justification (Boltanski and Chiapello 2002: 2). Nonetheless, the system has historically been able to successfully justify its normative codes. What has made this possible? Assuming that the brute force of economics does not in itself produce sufficient commitment to the capitalist system, some kind of justification is required to render this commitment attractive to both individuals and society. Boltanski and Chiapello label the capitalist spirit the *ideology* which justifies people's commitment to the capitalist economic system.⁴ In the third and latest spirit of capitalism, this ideology is linked to a globally-informed, network-based and flexible form of capitalist organisation and production. This spirit greatly emphasises vertical integration, fuzzy organisation, innovation, creativity and permanent change. Normative codes such as mobility, flexibility and adaptability, as well as the ability to engage in a series of ongoing projects and tasks, are seen as essential to improving one's *employability*, and hence vital attributes to enable the individual to manoeuvre within the complex world of the new spirit.

In order to identify how this new value system was socially established, Boltanski and Chiapello utilise the theoretical construct of 'orders of worth' (cities), as created by Boltanski and Thevenot (1991). In their model, all members of any city share a general conviction of the common good; which is to say that while people differ from each other in terms of reward, these differences are not associated with certain persons, but rather with a certain value scale. Accordingly, in a city, some people and things have a higher value than others. Each city thus possesses a categorical assessment of validity and robustness which orders what the city perceives as 'grandness' or 'the great person' (Boltanski and Chiapello 2005: 23). The 'great person' is someone who strongly embodies the city's values, while the 'small' person, conversely, is defined by a lack of integration with the values of the city. For the purposes of this article, only the newest city that Boltanski and Chiapello ascertained is of interest. The emergence of this city, according to Boltanski and Chiapello, is to be explained by the kind of capitalist critique that has made it possible.

The role of critique

Boltanski and Chiapello argue that the critique of capitalism draws upon

four sources of indignation: A) a demand for liberation; B) a protest against inauthenticity; C) opposition to egoism; and D) a reaction against suffering (Boltanski and Chiapello 2005: 37). They label C and D *social criticism* and A and B *artistic criticism*. The former critique, mostly inspired by Marxism and other forms of socialism, is associated with the workers' movement and its struggle against poverty, social injustice and exploitation. It also grounds itself in the struggle against rampant individualism, and thereby strives to improve conditions of solidarity. Moreover, this social critique is associated with the scientific, technological and industrial means to achieve its most vital end, namely the complete shift from private to collective property ownership (Boltanski 2002: 6–7). By contrast, the artistic critique is anti-industrial and disenchant-ed with capitalism, and is directed against dehumanisation, technocracy and the growing standardisation, massification and general commodification of the world (Löwy 2002: 98). The intellectuals and artists who formulated this critique emphasised the ways in which a conservative society and the impulses of capitalism mould human beings into becoming petty-bourgeois profit mongers. Instead, they wished to promote detachment rather than attachment, insecurity rather than security, and self-production rather than production per se (Boltanski and Chiapello 2005: 38). Under the influence of the revolutionary Romantic movement – Baudelaire, *Sturm und Drang*, etc. – great emphasis was placed on the possibility of promoting individual spontaneity, creativity, autonomy and authenticity as an emancipating resource which would enable liberation from the manacles of bourgeois capitalist domination.

The emergence of the projective city

In the 1970s, the social critique reached the point of exhaustion: its ideal social order simply failed to appeal to the social masses (Boltanski and Chiapello 2005: 178). Instead, the artistic critique blossomed, amplified quite significantly by the expansion of social movements such as feminism, ecologism, gay liberation, etc. Changes within the organisation of work also promoted this blossoming; by stressing such values as creativity, authenticity and self-realisation in work – self-management – the artistic critique gradually gained ground, and its ideas were implemented (Boltanski and Chiapello 2002: 18). During the 1970s, 1980s and 1990s, Taylorist and Fordist methods of work organisation were practically overtaken by decentralised, flexible, multi-tasking, flat organisational structures. These structural arrangements harmonised very well with the rising demand for greater personal autonomy at work, as manifested in claims that everyone should be able to realise their qualitatively marked differences.

At the present time, the social critique has by and large been marginalised, and capitalism has absorbed the artistic critique into its own logic. Capitalism now utilises the normative standards of the artistic critique as the vehicle for further capitalist development. All in all, this restructuring of capitalism has led to the establishment of a new spirit of capitalism; a spirit which required a new

city in which it could justify its normative codes. This city is what Boltanski and Chiapello call the 'projective city'. Here, the evaluative standard, the lingua franca by which the 'greatness' of all persons and things is measured, is activity: 'in the Project-oriented *City*, activity overcomes the oppositions between work and no-work, steady and unsteady, paid and unpaid, profit-sharing and volunteer work, and between that which can be measured in term of productivity and that which cannot be assessed in terms of accountable performances'⁵ (Boltanski and Chiapello 2002: 9). Hence, 'work' in the projective city is essentially activity. Activity transcends all other individual standards. The 'great' ones possess the resources to be active beyond the confines of a particular work situation, and are able to maintain a high level of activity throughout their engagement with all their projects and network contacts. Anything that tends to inhibit this ethic is seen as a hindrance to the proper incorporation of the norms of activity. The normative standards which illustrate the content of activity, and thereby those of the 'great person', include the ability to be adaptable, flexible, polyvalent, autonomous, versatile, tolerant, risk-taking, open-minded, sociable and innovative. The core of this ideological figure is to be 'always pursuing some sort of activity, never to be without a project, without ideas, to be always looking forward to, and preparing for, something along with other persons, who are brought together by the drive for activity' (Chiapello and Fairclough 2002: 192).

This city, in which the nomadic network extender is a heroic figure, is assuredly a stark contrast to that which reigned in the second spirit of capitalism. In the 1940s and 1950s, working life was focused on the idea of stability, permanence and long-term careers (Whyte 2002). By the beginning of the 1970s, this edifice was gradually being dismantled. Nowadays, careers are 'much less organised, people are compelled to keep returning to the market, where their value is assessed at different stages of their working life' (Boltanski and Chiapello 2005: 314). Long-term engagements are not only undesirable in this climate of activity, they are also seen as an obstacle to the possibilities of self-realisation, and furthermore as jeopardising a person's *employability*. Actually, this factor is what it all boils down to: securing individual employability. As individuals are constantly compelled to return to the market for value assessment, they have to have something to bring to the market! If they fail to do so, they cannot remain employable – and, as a consequence, they become 'small' persons.

Self-realisation and authenticity

In order to become (or remain) 'great' persons, contemporary individuals are required to embody the normative codes of the ideology of activity. When they meet these terms, the motor of contemporary capitalism is fuelled – and one of the principal components of this fuel is authenticity. It would now appear to be indisputable that a culture of authenticity has embedded itself in Western countries over the past three or four decades (Taylor 1991). This culture is imbued

with the moral idea that each individual ought to realise themselves according to their version of the good life (Taylor 1991: 36). In conjunction with the new spirit of capitalism, however, this norm has turned into a demand. To comply with the connexionist world, people are simply forced to internalise the growing demand for authenticity in their activities. This means that people must not only be adaptable, flexible, versatile, mobile, etc., but must also ‘interest people and, to do that, they have to acquire a prominence that can derive only from their exteriority *vis-à-vis* the world they are coming into contact with’ (Boltanski and Chiapello 2005: 461). People must be *someone*, stand out from the crowd and invest their particularity in their activities. Epigones are not highly valued in the projective city.⁶ The conversion of the authentic self into praxis then becomes the competitive trademark – your personal capital – which serves as the gate-keeper for perpetual project work.

This implies that authentic self-realisation is viewed as a form of action, from which individuals and companies can profit, provided it is *cultivated* in the right way. Authentic self-realisation is viewed as something that can be *moulded* in order to enhance subjective performance, and function as a business aid to ensure constant economic progress. From this perspective, ‘it is clear from research and elementary logic that authenticity contributes directly to increased motivation, organisational capacity, and economic success’ (Cloke and Goldsmith 2003: 13). The logic implies that both employees and employers benefit, and accordingly, the development is legitimised on the grounds of being a win–win situation. However, we should bear in mind that the cultivation of authenticity is very much a question of creating intertwined congruence between an individual’s personal values and patterns of action, and company needs. If an employee is unable to fit the company mould, then, alas, he or she is judged to be rigid, inflexible and stiff – a ‘small’ person devoid of active self-realisation.

The opportunity to realise your authentic self as an activity trademark is thus in reality an offer which cannot be refused. This is no longer an option that is made available – it has become a normative demand. The practice has become so closely interwoven with capitalist justification that it has become a productive force – a servant of capitalism *per se*. As Axel Honneth makes so strikingly clear, authentic self-realisation has now become organised. According to Honneth, this implies that what began as a historically unique concatenation of entirely disparate processes of individualisation in western societies thirty or forty years ago has become such a definite feature of the institutionalised expectations inherent in social reproduction that the specific goals of these demands have been lost and have been transmuted into support of the system’s legitimacy (Honneth 2004: 467).

We are all expected to optimise our market value by realising our authentic selves, thereby responding to the true meaning of activity and competitiveness in the projective city. Obviously, this normative value system also applies to those who are socially excluded. The realisation of its norms is perceived to

be the 'way back in'. In other words, the grammar of greatness accounts for contemporary normative integration.

The new spirit of capitalism and anomie

Boltanski and Chiapello are not oblivious to the fact that the conditions of normative integration in the new projective city are problematic. Since the artistic critique conquered the centralities of capitalism, it has become more and more difficult for individuals to embody the normative standards of the city. In the connexionist world, these standards are so poorly identified and so minimally supervised that, instead of establishing security, the new spirit of capitalism has created an increasing societal indeterminacy. Applying Durkheim's concept of anomie to this situation, Boltanski and Chiapello describe how individuals find it increasingly difficult to influence their social condition, and hence find it hard to envisage the future as a safe haven. Once the realisation of social norms has no finalised end, the colonisation of the future becomes increasingly difficult. Potentially, this can lead to a lack of any clear emancipatory horizon in relation to which individuals can position themselves. As a concrete symptom of anomie, Boltanski and Chiapello follow Durkheim and point to suicide rates as an indicator: the growing suicide rate among young people, in particular, is seen as a sign of contemporary anomie (Boltanski and Chiapello 2005: 423).⁷ However, they also point to the growing rate of depression as an indicator of anomie, and mention the French sociologist Alain Ehrenberg, to whom the link with depression is attributed (Boltanski and Chiapello 2005: 424). However, they do not explore this aspect any further, and in fact focus only to a very limited extent on the pathological developments associated with the new spirit of capitalism. Accordingly, in the next section, I will focus on this topic.

2 Understanding contemporary depression

Alain Ehrenberg does not talk about the spirit of capitalism, nor is he interested in capitalism per se. He is rather, as Zygmunt Bauman describes him, an 'indefatigable explorer of contemporary mutations of modern individualism' (Bauman 2001: 43). Why, then, do Boltanski and Chiapello explicitly mention his work? One likely reason is that Ehrenberg's analysis is complementary to their own. Let me explain how. One of Ehrenberg's principal theses is that contemporary society is permeated by indeterminacy. As he writes: 'l'indétermination est un mode d'existence de masse dont l'individu conquérant et l'individu souffrant dessinent les bornes et les inexorable tensions' (Ehrenberg 1995: 18)⁸ In Ehrenberg's latest book, *La Fatigue d'être soi: Dépression et société* (2000), his analysis is focused on depression as the social marker that epitomises contemporary suffering. But why is depression regarded as the emblematic malaise of our times? By cross-reading how the normative transformations of individualism, the notion of the person and the psychiatric understanding of depression

intertwine, Ehrenberg sets out to investigate just that. The reason why psychiatry is of the utmost significance in this investigation is that the history of the discipline revolves around the question of how to objectify (i.e. diagnose and treat) the subjective. Psychiatry is thus positioned between the realms of medicine, social interaction and morality (Ehrenberg and Lowell 2001: 11). This implies that psychiatry has a huge impact on the understanding and social implementation of what society recognises as normal or pathological.

Freud to Janet: from conflict to deficit

If we are to understand why depression has become one of the prime indicators of anomie under the new spirit of capitalism, we need to understand the ontological platform through which contemporary psychiatry perceives and diagnoses depression. According to Ehrenberg, this platform is explicated in the differences between Sigmund Freud's and Pierre Janet's conceptualisations of mental pathologies (Ehrenberg, 2000: 52).

In the late nineteenth century, one of the great academic disputes took place between Janet and Freud, battling over what constituted a trauma and how traumas were linked to neurosis (Hacking 1995: 192). At one extreme, Janet reigned supreme. According to him, neurosis ought to be classified as two different forms of suffering: hysteria and psychasthenia (Ellenberger 1970: 375). The latter, he argued, was caused by traumas, which were socially founded (Janet 1932: 11–13). Psychasthenia is defined by feelings of inadequacy and emptiness – both of which paralyse the individual's capacity for action (Buhler and Heim 2001: 84). This set of symptoms is attributed to the individual's inability to obey the normative demands of realising his or her skills, talents and abilities in parallel with the development of modern society (Ellenberger 1970: 376). When afflicted by psychasthenia, the individual feels drained of mental energy by the social requirements involved in integrating various self-realisation possibilities. Janet's conceptualisation of mental energy is quite rudimentary; he distinguishes between psychological force, i.e. the quantity of psychological energy possessed by an individual, and psychological tension, which is the individual's capacity to vitalise the psychological force (Buhler and Heim 2001: 86). Psychasthenia is consequently the result of an erosion of the synthesis between the two energetic fields, caused by individual fatigue arising from attempts to comply with the social norms of society. According to Janet, there is only one possible treatment for neurasthenia, namely hypnosis.

At the other end of the scale was Freud, who was determined to differentiate himself from Janet's classification system, which he managed to do by dividing neurosis into actual neurosis and psychoneurosis (Ellenberger 1970: 487). The latter kind of neurosis, Freud states, is caused by childhood sexual molestation that the individual finds traumatic and conflictual. In order to defend themselves against the mental pressure of the trauma, the individual represses it (Freud 1986: 526). But if the trauma surfaces and psychoneurosis erupts, symptoms

such as hysteria and obsessive thoughts occur, and treatment is required. Freud's preferred form of treatment, psychoanalysis, invites the individual to remember and lay bare the repressed conflicts. While devoid of individual insight into the conflict, the individual is incapable of mastering it and hence allows the conflict to rage wildly, Freud says. The treatment of psychoneurosis is not a matter of securing a safe return to a former pathology-free state of mind; instead, Freud believes that conversion via reinterpretation is essential in order for the individual to learn the truth about the pathology and separate from it. The role of conversion is hence not to separate individuals from their selves, but rather to make the relationship with the self more satisfactory.

Janet is of the opposite opinion. He criticises Freud's psychoanalysis as a speculative method (Janet 1932: 47). To him, psychasthenia is a pathology of action that hinders individuals from acting out their optimal potential. This pathological state is obviously unwanted, which is why a cure is called for. As with the conceptualisation of mental energy, Janet operates with an equally simple distinction between medicine and pathology: medicine (hypnosis) is active, and pathology is passive. Medicine therefore plays the role of a kind of active mechanic who repairs the mental motor (Ehrenberg 2000: 54). Mental pathologies are merely defects, disabilities and inadequacies that need to be cured. The individual should disinfect the mind, erase the traumatic events from the memory, and thereby restore his or her functional capacities to a normal level. This perspective could not be further removed from that of Freud; according to him, the whole purpose of exposing the conflict is to force individuals to confront their own biographical historicity, and thereby commence a process of separation. Freud's logic is ontologically embedded in the accentuation of an essential truth about the pathology; the history of the pathology tells the individual something that is vital to learn. The opposite is true in the work of Janet, who construes the pathology as a damaging inadequacy which inhibits the individual from realising his or her natural potentialities (Buhler and Heim 2001: 89). Nothing is to be learned from the pathology, and no mental energy should be wasted on speculating on why it occurred. While Freud's psychoanalysis is truth-seeking, Janet displays no interest in truth. The truth about the origins of the pathology is unimportant to Janet, as is the truth about oneself. Self-deception rather than self-knowledge is the formula he applies: Janet is first and foremost a doctor, not a 'moralist' (Hacking 1995: 196). As Janet notes, there is nothing moral about hypnosis: it is purely medicine, designed to get the individual back on the right track of activity (Janet 1932: 14).

3 Depression as the exhaustion of the self

What can be deduced from the positions outlined above are two very different views of what constitutes the normal and the pathological. While Freud endorses a perception which implies a logic of conflict, historicity and separation, Janet's

is more that of deficit, ahistoricity and repair. Viewed from the perspective of the contemporary understanding of depression, it seems clear that Freud's perspective has been more or less forgotten, while Janet's has been revitalised. It could be said that the difference between Freud's and Janet's ways of perceiving mental pathologies epitomises a transition which Allan V. Horwitz calls the shift from dynamic to diagnostic psychiatry (Horwitz 2002: 56). Whereas Freud was not overly concerned with diagnosis, it occupies a crucial place in contemporary psychiatry: without a diagnosis, there can be no treatment. Allow me to exemplify this point by taking the WHO-initiated ICD-10⁹ classificatory system as the prime example. The symptom-based definitions of this system have become the authoritative arbiter of what is and is not considered mental pathology throughout society, and it has been lauded by psychiatrists as one of the most reliable instruments in the diagnosis of depression. When we examine the general definition of depression, the so-called F-32 clause, within that system, we read the following:

In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called 'somatic' symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. (www3.who.int/icd/currentversion/fr-icd.htm)

Mild, moderate and severe states of depression are defined by the severity of the symptoms whose precise logic makes up the diagnosis. Firstly, a person suffering from depression must have displayed these symptoms for at least fourteen days. Secondly, the symptoms are divided into primary and secondary symptoms. Primary symptoms are those of dysthymic feelings, a well-defined loss of interest, and a reduced level of energy. These are followed by seven secondary symptoms: reduced self-confidence, self-blame, thoughts of death and suicide, lack of concentration, inhibition, disturbed sleep, and significant weight change. Patients who display two symptoms from the first group and two from the second group are diagnosed as suffering from a mild depression. A moderate depression is diagnosed if an individual displays two symptoms from the first group and four from the second. Two symptoms from the first group and five from the last group are diagnosed as signs of a severe depression.

What is astonishing about this classification is, first of all, the range of symptoms that are utilised to describe and diagnose depression. With such an elastic conceptualisation, the system is bound to catch a lot of people in the net. According to Horwitz, this elasticity is actually a construction, because psychiatry

is imbued with the conviction that many more individuals than are accounted for are in fact depressed and in need of treatment (Horwitz 2002: 35). Secondly, the symptoms of depression are not characterised in terms of conflict as a catalyst for the pathology: the dominating pathological elements are all described as deficits in the capacity for action. As Ehrenberg points out, depression has been almost totally stripped of all conflict-based terminology, which has been replaced by a terminology of action deficit (Ehrenberg 2000: 277).

The active self as individual totem pole

According to Ehrenberg, this conceptualisation of depression is inextricably bound up with the emergence of what he calls the 'culture of intimate misery' (Ehrenberg and Lovell 2001: 16). On the one hand, contemporary western societies have created ample room for the expression of mental pathologies. Everybody is in this sense 'allowed' to articulate their mental catalogue and thus 'allowed' to be treated for their specific pathologies.¹⁰ On the other hand, the symptoms defining mental pathology are permeated by vague normative self-realisation demands, with which the individual is expected to comply. Depression is the social pathology *par excellence* of this development, and its proliferation should clearly be seen in this light. Hence, from this perspective, depressed people are not suffering from the absence of ideals, as Bauman states (Bauman 2001: 43), or using depression as an active way of resisting the demands of contemporary capitalism, as Darian Leader claims when he writes: 'Depression is thus a way of saying NO to what we are told to be' (Leader 2009: 13). Instead, the point is rather that while the notion of authenticity has become a leading performative norm, it has become increasingly difficult to honour its blurred normative standards. However, this does not bring the hunt for authentic self-realisation to a standstill. Contemporary individuals are simply not in a position to annul these coercive normative demands, with the result that continuous action is the only real option. But in continuing to strive to bring activity norms to fruition – to be a 'great' person in the new spirit of capitalism – the individual runs the risk of exhausting herself to the point of depression. This is why, as Ehrenberg notes, the individual 'est confronté à une pathologie de l'insuffisance plus qu'à une maladie de la faute, à l'univers du dysfonctionnement plus qu'à celui de la loi: le déprimé est un homme en panne' (Ehrenberg 2000: 16).¹¹ In this respect, what causes a person to 'break down' are the perpetual attempts to invigorate sufficient mental capacities to live up to the norms required by the new spirit of capitalism. When broken, the individual is so bodily and mentally inhibited that he or she is completely incapable of initiating active self-realisation. In this sense 'Le manque d'initiative est le trouble fondamental du déprimé' (Ehrenberg 2000: 213).¹²

The abnormality of lacking individual initiative is supportive of another of Ehrenberg's observations, namely that the cult of the self has reached the point at which the self is construed as the *totem pole* around which each individual should

dance (Ehrenberg 2001: 51). Self-realisation is achieved only by continuous dancing, which enables the individual to fulfil contemporary norms of activity. But as the individual engages in the ever more frenetic dance around the self, the dance may become so demanding that it tires the individual out, bringing it to a dramatic halt (Ehrenberg 2004: 154). Incapacitated by the exhaustion brought on by attempts to be an active and dynamic self, the individual stands face to face with depression. Depression, then, is the state of being a 'broken' self, a self deprived of its normal core of activity. As a result, depression has come to be seen as a pathology of action. But what is broken can also be fixed, and here Pierre Janet's perception of mental pathologies fits like a glove. Since the beginning of the 1990s, psychopharmacology has illuminated what Jennifer Radden terms the 'medical cartography'. According to Radden, mental symptoms are predominantly characterised in terms of the medicines that are supposed to cure the pathology (Radden 2003: 38).¹³ As a result, despite its fairly complex diagnosis, depression has acquired its own manageable instruments of treatment. Reparation rather than separation seems to be what the magic wand is offering, as is illustrated by the tremendous societal fixation on SSRI antidepressants as the new panacea. The emergence of SSRIs has reaffirmed that we live in 'the antidepressant era' (Healy 1997).¹⁴ They have become the magic spell which repairs the depressive deficit. This implies that individuals should not ruminate over-much on the reasons why depression occurs; what is important is simply to allow antidepressants to free them from their symptoms, so that they can return to the active world and rejoin their authentic selves. It might be fair to say that 'La culture du malheur intime, d'une part, la médecine du mieux être, de l'autre, font partie d'une dynamique commune' (Ehrenberg and Lovell 2001: 18).¹⁵

4 Depression in the new spirit of capitalism

If we accept this argumentation, we must also accept that this transformation implies some sombre social consequences. If the new spirit of capitalism, the connexionist world and the active realisation of authentic selves determines the standards for the level of invigoration required of normal individuals, then we will inevitably face an ever-increasing rate of depression. When the authentic self functions as the competitive trademark of each individual and the gate-keeper for continuous project work, it also becomes the most important capital that the individual possesses. From this perspective, it makes sense to view the self as one's personal totem pole. For what other options do we have? We must either continue to dance, or else lose momentum and become 'small' persons. We would thereby lose our active selves – and who would wish such a fate? It is certainly not something encouraged in Western societies, where active selves are the societal generator number one.

Accordingly, by explicating the grammar of greatness as the prime vehicle for contemporary social integration, Western societies constantly amplify the

social need for flexible, versatile and unique selves. In this way, the grammar of greatness has become surrounded by an almost evangelical glow. Nowadays, the mental capacity for activity is the Holy Grail of social integration. Since the mental pistons of individuals are required to tally with the rhythm of the new spirit of capitalism, their psychic motors need to be on top form. In order to be someone, to be an employable self, individuals must place their emotions and inner feelings on the line; or rather, they must place their authentic selves at the service of capitalist functions. Emotions and feelings – one's authentic self – nowadays comprise a productive force which justifies the continuation of the capitalist system. The individual has in this sense become capitalised, and hence subjected to a hitherto unseen form of domination, namely that of constant activity. This also applies when the individual collapses into depression. In the new spirit of capitalism, there is simply very little room for the Freudian, introspective therapeutic process. The only form of treatment which is warranted is one which complies with the dynamic principles of (self-) production. Repair of the mental motor can be seen as a kind of service check – a quick overhaul – which will enable the individual to return to active duties. Such social conditions are certainly rationalised in accordance with the logic of capitalism: the hourly-paid psychologist has been replaced by antidepressants. Janet would be proud!

5 Conclusion

Using the theory of Alain Ehrenberg, I have tried to compensate for the lack of focus of Boltanski and Chiapello on the pathological developments (especially depression) brought about by the new spirit of capitalism. In combining these theories, I have explicated the contemporary demand for authentic self-realisation as the social precondition for the increased rate of depression. In doing so, I have also shown that depression is the antithesis of the contemporary capitalist demand for active and authentic self-realisation. Depressed people are, to put it harshly, simply the human waste (the non-integrated elements) resulting from this normative demand. They are non-active persons in a world that acclaims activity. But contemporary depression cannot be viewed merely as a subjective pathology *per se* (despite being treated as though it were), but must be viewed as a social pathology of action. Consequently, Ehrenberg, and Boltanski and Chiapello help us to focus on the social developments which pave the way for the epidemic of depression. What they do not do, however, is provide us with a normative framework for criticising these developments. Their analyses are strictly descriptive. What I advocate, on the other hand, is a more normative critique. Naturally, such an analysis has several implications for a sociology which aims to study the phenomenon in question, one of the most essential being that any endeavour to scrutinise the rise of depression on the basis of a normative critique should focus, not on individual biographies, but on the individual implications of social transformations. Instead of placing the responsibility for

depression on the shoulders of the individual, such an approach has the advantage of emphasising the role of societal measures. The difference is that the ethical vocabulary of depression does not remain an individual matter, but a societal task. A normative critique of the social norms in question might, for example, point in the direction of a different kind of authentic self-realisation; not one which is forced upon people in order to ensure that they uphold certain normative standards, but one which is presented as a choice left open to individual preference. Of course, such an approach cannot stand independently of more empirically-grounded research. To examine this further, however, lies beyond the scope of this article.

Notes

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- 1 Although it has been questioned whether 'epidemic' is the correct term to describe the current prevalence of depression, much research suggests that its use is justifiable. As French psychiatrist Philippe Pignarre, for example, writes: 'En France, le nombre de patients déprimés et soignés a augmenté de 1 million en dix ans (1980–1991) ... Cela représente une augmentation de 60%' (Pignarre 2001: 11). WHO furthermore states: 'Depression is the leading cause of disability as measured by YLDs and the 4th leading contributor to the global burden of disease (DALYs) in 2000. By the year 2020, depression is projected to reach 2nd place of the ranking of DALYs calculated for all ages, both sexes. Today, depression is already the 2nd cause of DALYs in the age category 15–44 years for both sexes combined' (www.who.int).
- 2 As Ciuna, Andretta, Corbari *et al.* write in their study on antidepressant consumption over an eight-year period (1996–2003) in Italy: 'While the use of tricyclic antidepressants declined by one-third and that of other older agents remained substantially stable, the use of selective serotonin-reuptake inhibitors and newer agents (venlafaxine, mirtasapine, reboxetine) increased by 623%. Global consumption of antidepressants was projected to increase still further, and, in 2007, the total sales of antidepressants were projected to be similar to the total sales of benzodiazepines. The value of benzodiazepine sales increased from 322 million to 565 million Euros, an increase of 43%; similarly, the value of antidepressant sales increased from 186 million to 569 million Euros, an increase of 67%' (Ciuna, Andretta, Corbari *et al.* 2004: 629).
- 3 This analysis has naturally been undertaken with the methodological reservation that it merely represents one possible interpretation of this important issue among many others.
- 4 I focus only on the implications of the third and 'newest' spirit of late capitalism.
- 5 Boltanski and Chiappello vary in their use of the term 'project-oriented city' and 'projective city'.
- 6 The wide range of Personal Branding literature available is a clear example of the social impact of these normative expectations (see for example McNally and Speak 2002).
- 7 Whether this development is observable is, of course, an empirical question.
- 8 'Indeterminacy is a mode of mass existence in which the conquering individual and

- the suffering individual accentuate the boundaries of this inexorable tension.' All translations from French are by the author.
- 9 This system, and hence its concept of mental pathologies, has been fully implemented by countries such as the UK, Ireland, Denmark, France and Germany. The other well-known system, DSM-4, is mainly prominent in North America. The differences between the two systems, however, are minimal.
 - 10 Even the leading character in *The Sopranos*, the 'consigliere' Tony, sees a psychologist and takes antidepressants.
 - 11 'confronted with a pathology of insufficiency rather than an illness of wrongdoings, a universe of dysfunction rather than one that concerns the law: The depressed person is someone who is broken down'.
 - 12 'Lack of initiative is the fundamental disorder of the depressed'.
 - 13 Edward Shorter, acclaimed American historian of psychiatry, makes a similar point. In a chapter headed 'From Freud to Prozac', he states: 'In two hundred years' time, psychiatrists had progressed from being the healers of the therapeutic asylum to serving as gatekeepers for Prozac' (Shorter 1997: 325).
 - 14 There seems to be little doubt about the fact that the transnational pharmaceutical industry has played a significant role in the emergence and proliferation of the antidepressant era. Thus, the medicalisation of depression (alongside the medicalisation of health in general) has surely been encouraged by the pharmaceutical industry, something which numerous authors have touched upon (see Illich 1976, Angell 2004, Medawar and Hardon 2004, Moynihan and Cassels 2005, Law 2006 and Healy 2005). In this article I do not, however, elaborate further on this perspective.
 - 15 'The culture of intimate misery, on the one hand, and the feel-better medicine on the other hand, are creating their own interrelated dynamism.'

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